

ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-317-0356 E-Mail: ID.admin@idboard.alabama.gov www.idboard.alabama.gov

APPLICATION FOR INACTIVE STATUS FOR INTERIOR DESIGNERS

INSTRUCTIONS:

- Application shall be accompanied by a non-refundable fee of \$50.00. Check made payable to Alabama State Board of Registration for Interior Design
- Application shall be signed and dated.

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This application shall be completed in its entirety. Please type or print clearly in black ink.					
SECTION I: PERSONAL INFORMATION NOTE: The Code of Alabama 1975, sec. 30-3-194 "Alabama Child Support Act of 1997" requires all applicants to provide social security number.					
First Name:		Middle/Maiden Name:		Last Name:	
Social Security Number:		Registration Number:			
RESIDENCE	Mailing Address:				
	City:		State:		Zip Code:
	Phone Number:		E-Mail Address:		
	Business Name:		Position or Title:		
BUSINESS	Mailing Address:				
	City:		State:		Zip Code:
	Phone Number:		Fax Number:		
SECTION II: REASON FOR INACTIVE STATUS					
Please briefly explain your reason(s) for requesting inactive status.					
I acknowledge that although granted inactive status, I shall be prohibited from using the title or term Interior Designer, Registered Interior Designer, Interior Design, Interior Design Consultant, or Interior Design Services.					
I hereby request inactive status as an Interior Designer in the State of Alabama. I understand that I can apply for active registration by completing, and submitting, an Application for Re-Instatement, and will be reinstated only after obtaining approval of the Board. I understand that I will not be listed with the State, will not be listed in any rosters or other publications produced by the Board, will not be registered to practice interior design, and cannot exercise the privileges of active registration. When requesting reinstatement, I shall be required to pay the entire annual fee for the full year and shall comply with all other requirements.					
Signature:			Date:		
Mail Completed form to:					

For Board Use Only

Date Received:

FRM: INACTSTAT Rev: 01/08